

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029706

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7804

STATE FILE NUMBER

FILED AUG 15 1963

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

PHILLIS  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

### 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

ST. LOUIS, MO

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

ST. LOUIS CITY HOSP. #1

Inside Limits

Yes ☐ No ☐

### 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

admission)

c. CITY

OR TOWN

ST. LOUIS

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

3225 MONTGOMERY

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

### 3. NAME OF DECEASED

(Type or print)

First

BUSTER

Middle

BIVINS

Last

### 4. DATE OF DEATH

Month Day Year

JULY 18, 1963

### 5. SEX

MALE

### 6. COLOR OR RACE

WHITE

### 7. Married

☐ Never Married ☐ Widowed ☐ Divorced ☒

### 8. DATE OF BIRTH

7/1/05

### 9. AGE (last birthday)

58

### IF UNDER 1 YEAR

Months Days Hours Min.

### IF UNDER 24 HR

Hours Min.

### 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

### 10b. KIND OF BUSINESS OR INDUSTRY

NONE

### 11. BIRTHPLACE (City and state or country)

TEXAS

### 12. CITIZEN OF WHAT COUNTRY

??

### 13a. FATHER'S NAME

LUTHER LEE

### 13b. MOTHER'S MAIDEN NAME

NELL BAIN

### 14. NAME OF HUSBAND OR WIFE

### 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

NO

### 17. INFORMANT

Address

ST. LOUIS CITY HOSP #1

### 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

asphyxiation

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Aspiration of stomach contents

DUE TO (c)

921-9-46

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

### 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

### 20a. ACCIDENT

☐

### SUICIDE

☐

### HOMICIDE

☐

### 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

### 20c. TIME OF INJURY

Hour a.m. p.m.

### Month, Day, Year

### 20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

### 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

### 20f. CITY, TOWN, OR LOCATION

### COUNTY

### STATE

21. I attended the deceased from 7/15/63 to 7/18/63 and last saw her alive on 7/18/63

Death occurred at 7:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

### 22a. SIGNATURE

(Degree or title)

Richard L. Phillips M.D.

### 22b. ADDRESS

1515 LAFAYETTE AVE

### 22c. DATE SIGNED

7/18/63

### 23a. BURIAL, CREMATION, REMOVAL (Specify)

### 23b. DATE

7-31-63

### 23c. NAME OF CEMETERY OR CREMATORY

Anatomical Board

### 23d. LOCATION (City, town, or county)

St. Louis, Mo.

### (State)

### 24. FUNERAL DIRECTOR

Address

Ogden, 4106 Manchester

### 25. DATE RECD. BY LOCAL REG.

7-31-63

### 26. REGISTRAR'S SIGNATURE

Roan Smith M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.